

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **42027**
 Registrar's No. **11292**

FILED JAN 13 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 42027		Registrar's No. 11292			
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2099			
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital					d. STREET ADDRESS (If rural, give location) 4447 Clarence Ave.						
3. NAME OF DECEASED (Type or Print) Harry			a. (First)		b. (Middle)		c. (Last) Bording		4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 1, 1890		9. AGE (In years last birthday) 60		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive		10b. KIND OF BUSINESS OR INDUSTRY White-Rodgers Elec.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Williard Bording			13b. MOTHER'S MAIDEN NAME Flora Greis			14. NAME OF HUSBAND OR WIFE Dorothy Bording					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 490-05-1016			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Bording, 4447 Clarence Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Coronary Sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____						INTERVAL BETWEEN ONSET AND DEATH 3 dcs. 2 yrs.		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4201					
22. I hereby certify that I attended the deceased from 5-24 , 19 48 , to 12-31 , 19 50 , that I last saw the deceased alive on 12-31 , 1950, and that death occurred at 4:15P m., from the causes and on the date stated above.											
23a. SIGNATURE Church V. Raley M.D.					23b. ADDRESS 539 N. Grand			23c. DATE SIGNED 1/2/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/3/51		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. JAN 2 1951		REGISTRAR'S SIGNATURE E. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVOST UND. CO., 3710 N. Grand Bl.						

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.

Signed.....

Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No. 3077

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.